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6449	7590 09/28	/2009		have its own certificat	e of maili	ng or transmission.	-
ROTHWELL, F 1425 K STREET, SUITE 800	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
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APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	DR ATTOR		NEY DOCKET NO.	CONFIRMATION NO.
10/521,814	08/11/2006		Bipin C. M. Pate		1768-134		3777
TITLE OF INVENTION ACTIVATION AGENT A			'METHACRYLAMII	E-METHACRYLATI	E COPC	DLYMER WITH N	TUCLIDE
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0		\$1055	12/28/2009
EXAMINER ART UNI		ART UNIT	CLASS-SUBCLASS	7			
JONES, DAMERON LEVEST		1618	424-001810	-			
1. Change of correspondent CFR 1.363).	ce address or indication		on the patent front page, list Of up to 3 registered patent attorneys  Rothwell, Figg, Ernst &				
Change of correspondence address (or Change of Correspondence or agents OR, alternatively,							
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	ation (or "Fee Address"	registered attorney	f a single firm (having as a member a riney or agent) and the names of up to tent attorneys or agents. If no name is will be printed.				
3. ASSIGNEE NAME AN			•	71 /			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
PSIMEI PHARMACEUTICALS PLC GUILDFORD, UNITED KINGDOM							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🗖 Individual 💆 Corporation or other private group entity 📮 Government							
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)							
☐ Issue Fee ☐ A check is enclosed. ☐ Publication Fee (No small entity discount permitted) ☐ Payment by credit card. Form PTO-2038 is attached.							
Advance Order - # of Copies							
5. Change in Entity Status	•	•	b. Applicant is no	longer claiming SMA	LL ENTI	TY status. See 37 CF	FR 1.27(g)(2)
NOTE: The Issue Fee and I interest as shown by the rec	Publication Fee (if requ	ired) will not be accepted	d from anyone other th				
Authorized Signature Carron G 6 MOT Date Dec. 22, 2009							
Typed or printed name Barbara G. Ernst Registration No. 30,377							
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